



BUREAU OF ELECTRONIC AND APPLIANCE REPAIR (BEAR) LICENSING

P.O. BOX 980578, WEST SACRAMENTO, CA 95798-0578
916-574-2067



REGISTRATION INFORMATION

Read carefully before submitting an application. If you have any questions, please call BEAR at 916-574-2067.

ELECTRONIC SERVICE DEALERS

Registration is required for persons, who for compensation, engage in or hold themselves out to the public as offering repair, service or maintenance of: microwave ovens, televisions, radios, audio or video recorders or playback equipment, including telephone answering devices, video cameras, video games, video monitors, facsimile machines, copiers, or computer systems normally used or sold for personal, family, household, or home office use.

Registration is required for Drop-off points as well (locations which through solicitations or advertisements accept equipment for repairs, whether or not the repairs are actually performed there.)

Registration is also required for the installation and repair of auto radios, stereos, alarms, and antennas in private vehicles and home antennas, including satellite antennas on or adjacent to a residence.

MAJOR HOME APPLIANCE SERVICE DEALERS

Required for persons, who for compensation, engage in, or hold themselves out to the public as offering repair, service or maintenance of: refrigerators, freezers, ranges, washers, dryers, dishwashers, trash compactors, microwave ovens, and/or room air conditioners normally used or sold for personal, family, household, home office use, or for use in private motor vehicles.

COMBINATION SERVICE DEALERS

Required for persons engaged in activities covered by both electronic and major home appliance registrations.

GENERAL INFORMATION

- **Disclosure of your social security number (SSN) is mandatory for all sole proprietors, partners, corporate officers, directors and/or shareholders. Federal Employer Identification Number (FEIN) is also mandatory for partnerships.** Section 30 of the Business and Professions Code and Public Law 94-455 (42 USCA 405(c)(2)(C)) authorizes collection of your SSN. Your SSN or FEIN will be used exclusively for tax enforcement purposes, for the purposes of compliance with any judgment or order for family support in accordance with Section 11350.6 of the Welfare and Institutions Code, or for verification of licensure or examination status by a licensing or examination entity which utilizes a national examination and where licensure is reciprocal with the requesting state. **If you fail to disclose your SSN or FEIN, your application for initial or renewal license will not be processed AND you will be reported to the Franchise Tax Board, which may assess a \$100 penalty against you.**
- **A registration is not transferable.** A registration shall cease to be valid if not renewed by the annual renewal date established by the Bureau (B&P Section 9832) or when any of the information provided by the application ceases to be current (B&P Section 9833).
- Any changes in ownership, business name and/or address must be reported in writing within 30 days of the change, with the date of change to **BEAR Licensing, 3485 Orange Grove Avenue, North Highlands, CA, 95660** (B&P Section 9833).
- The installation of auto radios, stereos, alarms and antennas may also be performed under a California Bureau of Automotive Repair registration.
- The installation of home antennas may also be performed under certain California Contractor's State License Board classifications.
- Your application becomes the property of the Bureau and may be transferred to other governmental or law enforcement agencies. Registrant's name and business address will be released to the public upon request.

BUREAU OF ELECTRONIC AND APPLIANCE REPAIR (BEAR)

APPLICATION FOR REGISTRATION

- **Read enclosed Registration Information before filing this application.**
- Each application must be accompanied by the proper fee in the form of a personal check, business check, certified cashier's check or money order made payable to:
Bureau of Electronic and Appliance Repair. DO NOT SEND CASH.
- Signature(s) are required - Unsigned applications **will not** be processed.
- No items of information are voluntary, all are required.

Check appropriate box (See Registration Information):

- ☐ Electronic Service Dealer \$165 Per Location
- ☐ Appliance Service Dealer \$165 Per Location
- ☐ Combination Service Dealer \$325 Per Location

For Department Use Only

Receipt #: _____

Reg #: _____

ID #: _____

Read all information prior to completing this application. You must complete all information in Sections 1, 2, and 3 that applies to your business. Please type or print neatly.

Section 1: Applicant Information

1. Name of Business:		Area Code & Phone Number () -	Area Code & Fax Number () -
2. Web Site Address:			
3. Corporate Name: (If Different)			
4. Physical Address of Repair Shop: Number and Street <small>(NO POST OFFICE BOXES)</small>		City	State Zip
5. Mailing Address:(If Different) Number and Street		City	State Zip
6. Contact Person:		Area Code & Phone Number () -	
7. Is Mailing Address the Corporate Headquarters? <input type="checkbox"/> Yes <input type="checkbox"/> No			
8. Is Either Address a Telephone Answering Service? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes: <input type="checkbox"/> Address of Repair Shop? <input type="checkbox"/> Mailing Address?			
9. <input type="checkbox"/> SOLE PROPRIETOR/PARTNERSHIP: Print owner's name(s), residence address(es), and social security number(s) (SSN). If a partnership, also list FEIN number. (Attach additional sheets if necessary.)			
(1)Name:		Have you ever been convicted of a felony or misdemeanor, other than minor traffic violations? <input type="checkbox"/> Yes <input type="checkbox"/> No If answer is yes, complete Item 12. Application will <i>not</i> be processed if this section is not answered.	
Residence Address: Number and Street			
City		State	Zip Code
		Area Code & Phone Number () -	
SSN:	FEIN: (If Partnership)		Drivers License #: State
(2)Name:		Have you ever been convicted of a felony or misdemeanor, other than minor traffic violations? <input type="checkbox"/> Yes <input type="checkbox"/> No If answer is yes, complete Item 12. Application will <i>not</i> be processed if this section is not answered.	
Residence Address: Number and Street			
City		State	Zip Code
		Area Code & Phone Number () -	
SSN:	FEIN: (If Partnership)		Drivers License #: State

10. <input type="checkbox"/> Corporation: Print names, titles, and social security numbers (SSN) of officers, directors and managing employee. (Attach additional sheets if necessary.)	
(1)Name:	Have you ever been convicted of a felony or misdemeanor, other than minor traffic violations? <input type="checkbox"/> Yes <input type="checkbox"/> No If answer is yes, complete Item 12.
Title: SSN:	Application will <i>not</i> be processed if this section is not answered.
(1)Name:	Have you ever been convicted of a felony or misdemeanor, other than minor traffic violations? <input type="checkbox"/> Yes <input type="checkbox"/> No If answer is yes, complete Item 12.
Title: SSN:	Application will <i>not</i> be processed if this section is not answered.
(1)Name:	Have you ever been convicted of a felony or misdemeanor, other than minor traffic violations? <input type="checkbox"/> Yes <input type="checkbox"/> No If answer is yes, complete Item 12.
Title: SSN:	Application will <i>not</i> be processed if this section is not answered.
(1)Name:	Have you ever been convicted of a felony or misdemeanor, other than minor traffic violations? <input type="checkbox"/> Yes <input type="checkbox"/> No If answer is yes, complete Item 12.
Title: SSN:	Application will <i>not</i> be processed if this section is not answered.
11. Have any of the applicants, their spouses, any employee(s), partner(s), joint venture(s), officer(s), or member(s) had any state license, certificate or registration revoked, suspended, denied or otherwise been the subject of disciplinary action by the Bureau of Electronic and Appliance Repair or any other state agency? <input type="checkbox"/> Yes <input type="checkbox"/> No If answer is yes, complete Item 12. Application will <u>not</u> be processed if this section is not answered.	
12. If you answered YES to having ever been convicted of a felony or misdemeanor in Items 9, 10 or answered YES to Item 11, give the particulars of each, including penal code numbers or criminal case numbers. (Attach additional sheets if necessary.)	
Section 2: Business Activities:	
13. Are you a subcontractor? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, complete name, address, and registration number of the company you subcontract for. Name: _____ Registration Number: _____ Address: _____	
14. Please Check All That Apply to Your Business:	
Drop-Off	In Home Repairs
Home Based Business	Storefront
15. Business Activities. Please Check All That Apply to Your Business:	
<input type="checkbox"/> Electronic Repair <input type="checkbox"/> Satellite Installation <input type="checkbox"/> Computer Repair	<input type="checkbox"/> Sell Service Contracts <input type="checkbox"/> Auto Product(s) Installation <input type="checkbox"/> Refrigeration Repair
<input type="checkbox"/> Retail Sales <input type="checkbox"/> Appliance Installation <input type="checkbox"/> Appliance Repair	
16. Are Repairs Performed at the Address Listed in Item #4? <input type="checkbox"/> YES <input type="checkbox"/> NO If NO, complete the following:	
Business Name of Dealer Doing Repairs (If Different than Item #1): _____	
Address: _____	
Registration Number: _____	

17. Sales Tax Permit Number:_____ (Assigned by California State Board of Equalization)

18. Name and Address of All Repair Personnel. (Attach additional sheets if necessary.)

(1)Name: _____ Area Code & Phone Number _____
() - _____

Residence Address:	Number and Address	City	State	Zip Code
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(2)Name: _____ Area Code & Phone Number _____
() - _____

Residence Address:	Number and Address	City	State	Zip Code
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(3) Name: _____ Area Code & Phone Number: _____
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Residence Address:	Number and Address	City	State	Zip Code
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(4) Name: _____ Area Code & Phone Number: _____
() - _____

Residence Address:	Number and Address	City	State	Zip Code
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Section 3: Certification:

I certify, under penalty of perjury, under the laws of the State of California, that the forgoing is true and correct. Additionally, I understand that upon licensure, I will be subject to all applicable laws and regulations enforced by the Bureau of Electronic and Appliance Repair.

Sole Proprietor or Partners:

An application for Sole Proprietor **MUST BE** signed by the applicant.
An application for Partnership **MUST BE** signed by **ALL** partners.

Corporation:

An application for a Corporation **MUST BE** signed by at least one officer **AND** the responsible managing employee

Signature	Title
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Signature	Title
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Print Name _____

Print Name _____

Signature	Title
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Signature	Title
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Print Name _____

Print Name _____

Date: _____

Signature	Title
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Print Name _____

Failure to provide any of the requested information will result in the application being rejected as incomplete. The authority which authorizes the maintenance of the information is Section 9830 of the Business and Professions Code.